

ATTORNEY DOCKET NO. 17101.0003U2
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Ober et al.)	Group Art Unit: 2165
)	
Application No.: 10/801,086)	Examiner: MAHMOUDI, HASSAN
)	
Filing Date: March 15, 2004)	Confirmation No.: 9464
)	
For: SYSTEM AND METHOD FOR)	
GENERATING DE-IDENTIFIED)	
HEALTH CARE DATA)	

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmitted herewith are the following in the above-identified application:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Response to Office Action
<input checked="" type="checkbox"/> Fee as calculated below
<input type="checkbox"/> No Additional Fee Required
<input type="checkbox"/> Replacement Drawings | <input checked="" type="checkbox"/> Petition to Extend Time
<input type="checkbox"/> Supplemental Declaration
<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Other _____ |
|--|---|

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	20		20	0	X \$50.00		\$0.00
Independent Claims	3		3	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$0.00
<input checked="" type="checkbox"/> Terminal Disclaimer Fee					+ \$130.00		\$130.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$1020.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$575.00
TOTAL FEE DUE							\$575.00

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APPLICATION NO. 10/801,086

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$575.00 is enclosed.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

_____/Jason S. Jackson/
Jason S. Jackson
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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(678) 420-9301 (fax)